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Fill	in this information to identify your o	ease:								
Del	btor 1 Alma Mallo	у								
	btor 2 puse, if filing)				_					
Uni	ited States Bankruptcy Court for the	e: EASTERN DISTRICT	OF PENNSYLVANIA	A	_					
	se number 16-17927		_			Check if this is	: :			
(If kı	nown)					An amend	J			
						☐ A supplem 13 income		ng postpetition ollowing date:		
0	fficial Form 106I					MM / DD/	YYYY	-		
S	chedule I: Your Inc	ome							12/1	
atta	ch a separate sheet to this form. The separate sheet to this form. The separate sheet to this form. Describe Employment Fill in your employment	On the top of any additi								
١.	information.		Debtor 1			Debtor	Debtor 2 or non-filing spouse			
	If you have more than one job, attach a separate page with information about additional employers.	Employment status	■ Employed				☐ Employed			
		☐ Not employed				☐ Not employed				
	• •	Occupation	retired							
	Include part-time, seasonal, or self-employed work.	Employer's name								
	Occupation may include student or homemaker, if it applies.	Employer's address								
		How long employed t	here?							
Pai	rt 2: Give Details About Mo	nthly Income								
	imate monthly income as of the duse unless you are separated.		you have nothing to r	eport for	any	line, write \$0 in the	e space. In	clude your no	n-filing	
	ou or your non-filing spouse have m e space, attach a separate sheet to		ombine the informatio	on for all e	empl	oyers for that pers	on on the li	ines below. If	you need	
						For Debtor 1		btor 2 or ing spouse		
2.	List monthly gross wages, sala deductions). If not paid monthly,			2.	\$	0.00	\$	N/A	-	
3.	Estimate and list monthly over	time pay.		3.	+\$	0.00	+\$	N/A	-	
4.	Calculate gross Income. Add li	ne 2 + line 3.		4.	\$	0.00	\$	N/A		

Debt	tor 1	Alma Malloy		C	Case number (if kno	own)	16-17	7927		
					For Dobtor 1		For	Debtor	20"	
					For Debtor 1			-filing s		
	Con	y line 4 here	4.	-	\$ 0	.00	\$	illing 5	N/A	-
		,			*	.00	·—		14/1	-
5.	List	all payroll deductions:								
	5a.	Tax, Medicare, and Social Security deductions	5a	١.	\$ 0	.00	\$		N/A	
	5b.	Mandatory contributions for retirement plans	5b		·	.00	\$		N/A	_
	5c.	Voluntary contributions for retirement plans	5c.	:.		.00	\$		N/A	_
	5d.	Required repayments of retirement fund loans	5d	l.		.00	\$		N/A	
	5e.	Insurance	5e).		.00	\$		N/A	_
	5f.	Domestic support obligations	5f.		\$ 0	.00	\$		N/A	_
	5g.	Union dues	5g	J.	\$ 0	.00	\$		N/A	_
	5h.	Other deductions. Specify:	_ 5h	1.+	\$ 0	.00	+ \$		N/A	_
6.	Add	the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	6.		\$ 0	.00	\$		N/A	_
7.	Cald	culate total monthly take-home pay. Subtract line 6 from line 4.	7.		\$0	.00	\$		N/A	_
8.	List	all other income regularly received:								
	8a.	Net income from rental property and from operating a business,								
		profession, or farm Attach a statement for each property and business showing gross								
		receipts, ordinary and necessary business expenses, and the total								
		monthly net income.	8a	١.	\$ 0	.00	\$		N/A	
	8b.	Interest and dividends	8b).	\$ 0	.00	\$		N/A	_
	8c.	Family support payments that you, a non-filing spouse, or a dependent								
		regularly receive Include alimony, spousal support, child support, maintenance, divorce								
		settlement, and property settlement.	8c.		\$ 0	.00	\$		N/A	
	8d.	Unemployment compensation	8d		·	.00	\$_		N/A	
	8e.	Social Security	8e) .	\$ 1,895		\$		N/A	
	8f.	Other government assistance that you regularly receive								_
		Include cash assistance and the value (if known) of any non-cash assistance	!							
		that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies.								
		Specify:	8f.		\$ 0	.00	\$		N/A	
	8g.	Pension or retirement income	_ 8g		·	.00	\$		N/A	_
	8h.	Other monthly income. Specify:	8h			.00	+ \$		N/A	_
		· · · · ·	_							-
9.	Add	all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9.	\$	1,895	.00	\$		N/A	4
			г							
10.		•	10.	\$_	1,895.00	+ \$_		N/A	= \$	1,895.00
	Add	the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	L							
11.		e all other regular contributions to the expenses that you list in Schedule								
		ide contributions from an unmarried partner, members of your household, your	depe	ende	ents, your roomr	nates	s, and			
		r friends or relatives. not include any amounts already included in lines 2-10 or amounts that are not a	ovoila	abla	to nav ovnonce	o liet	ad in S	choduk	. /	
	Spe		avalic	abic	но рау ехрепзе	3 1130	5 0 III	11.		0.00
								,		
12.		the amount in the last column of line 10 to the amount in line 11. The res								
	Write that amount on the Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data, if it applies								\$	1,895.00
	аррі	les						12.		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
									Combi	
13	Dov	you expect an increase or decrease within the year after you file this form	?						month	ly income
١٥.	5 0,	No.	•							
	_	Ves Explain:								

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Fill	in this informa	ation to identify yo	our case:			I		
Deb		Alma Malloy				Charl	c if this is:	
		Aillia Walloy					An amended filing	
	tor 2							ving postpetition chapter
(Spo	ouse, if filing)					1	3 expenses as of	the following date:
Unit	ed States Bankı	ruptcy Court for the	EASTE	RN DISTRICT OF PENNS	YLVANIA	1	MM / DD / YYYY	
Cas	e number 16	6-17927						
(If kı	nown)							
\bigcap	fficial Ec	rm 106J				1		
		J: Your	Evnor	NCOC				40/45
Be a	as complete ormation. If m nber (if know t 1:	and accurate as nore space is ne n). Answer eve ribe Your House	s possible eded, atta ry questio	. If two married people ar ch another sheet to this				
1.	Is this a joir	nt case?						
	■ No. Go to		in a separ	ate household?				
	□ N □ Y		st file Offici	al Form 106J-2, <i>Expense</i> s	for Separate House	ehold of Debto	or 2.	
2.	Do you hav	e dependents?	■ No					
	Do not list D Debtor 2.	ebtor 1 and	☐ Yes.	Fill out this information for each dependent	Dependent's relat Debtor 1 or Debto		Dependent's age	Does dependent live with you?
	Do not state dependents							□ No □ Yes
								□ No
								Yes
								□ No □ Yes
								☐ Yes
								☐ Yes
3.		penses include of people other t	han	No				
		d your depende		Yes				
Par	t 2: Estim	ate Your Ongoi	ng Monthi	y Expenses				
exp		a date after the		uptcy filing date unless y y is filed. If this is a supp				
				government assistance it				
	ficial Form 10						Your exp	enses
4.		or home owners		ses for your residence. In	nclude first mortgag	e 4. \$		0.00
	If not include	ded in line 4:						
	4a. Real e	estate taxes				4a. \$		0.00
		erty, homeowner's	s, or renter	's insurance		4b. \$		0.00
		· ·	•	pkeep expenses		4c. \$		0.00
5.		owner's associate mortgage payme		dominium dues our residence, such as ho	me equity loans	4d. \$ 5. \$		0.00
٠.				 	oquity lourio	σ. ψ		0.00

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ebtor 1 Al	lma Malloy	Case number (if known)	16-17927
Utilities:	:		
	lectricity, heat, natural gas	6a. \$	100.00
6b. W	ater, sewer, garbage collection	6b. \$	50.00
6c. Te	elephone, cell phone, Internet, satellite, and cable services	6c. \$	250.00
	ther. Specify:	6d. \$	0.00
	nd housekeeping supplies	7. \$	375.00
	re and children's education costs	8. \$	0.00
	g, laundry, and dry cleaning	9. \$	20.00
-	al care products and services	10. \$	125.00
	and dental expenses	11. \$	300.00
	prtation. Include gas, maintenance, bus or train fare.	· · · · · · · · · · · · · · · · · · ·	
	nclude car payments.	12. \$	100.00
. Entertai	inment, clubs, recreation, newspapers, magazines, and bool	rs 13. \$	0.00
. Charitat	ble contributions and religious donations	14. \$	0.00
. Insuran	ce.		
	nclude insurance deducted from your pay or included in lines 4 o	r 20.	
15a. Lif	fe insurance	15a. \$	98.00
15b. He	ealth insurance	15b. \$	0.00
15c. Ve	ehicle insurance	15c. \$	150.00
15d. Ot	ther insurance. Specify:	15d. \$	0.00
	Do not include taxes deducted from your pay or included in lines		
Specify:		16. \$	0.00
	nent or lease payments: ar payments for Vehicle 1	17a. \$	0.00
	ar payments for Vehicle 2	17a. \$	0.00
	ther. Specify:	17b. \$	
	ther. Specify:	17c. \$	0.00
	uner. Specify. Nyments of alimony, maintenance, and support that you did r		0.00
	ed from your pay on line 5, Schedule I, Your Income (Official		0.00
	ayments you make to support others who do not live with yo		0.00
Specify:		19.	
	eal property expenses not included in lines 4 or 5 of this form		
	ortgages on other property	20a. \$	0.00
20b. Re	eal estate taxes	20b. \$	0.00
20c. Pr	roperty, homeowner's, or renter's insurance	20c. \$	0.00
20d. Ma	aintenance, repair, and upkeep expenses	20d. \$	0.00
20e. Ho	omeowner's association or condominium dues	20e. \$	0.00
. Other: S	Specify:	21. +\$	0.00
Calculat	te your monthly expenses		
	d lines 4 through 21.	\$	1,568.00
	py line 22 (monthly expenses for Debtor 2), if any, from Official F		1,300.00
		\$	4 500 00
220. A00	d line 22a and 22b. The result is your monthly expenses.	Φ	1,568.00
	te your monthly net income.		
	opy line 12 (your combined monthly income) from Schedule I.	23a. \$	1,895.00
23b. Co	opy your monthly expenses from line 22c above.	23b\$	1,568.00
00 0	alternative management (1997)		
	ubtract your monthly expenses from your monthly income. he result is your <i>monthly net income</i> .	23c. \$	327.00
11	ne result is your monuny net income.	200.	
	expect an increase or decrease in your expenses within the		
	ple, do you expect to finish paying for your car loan within the year or do	you expect your mortgage payment to inc	rease or decrease because of
	ion to the terms of your mortgage?		
No.			
☐ Yes.	Explain here: Son pays taxes and insurance dire	ectly	